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	INFORMATION DIG		OCUPE	Application Number	10/625,567	
	INFORMATION DIS			Filing Date July 24, 2003		
STATEMENT BY APPLICANT Form PTO/SB/08a (Use as many sheets as nocassary)				First Named Inventor Jun FUNAKOSHI		
				Art Unit	2622	
				Examiner Name	Nhan T. TRAN	
Sheet	1	of	1	Attorney Docket Number	108066-00091	

Examiner	Cite	Document Number	Publication Date	Name of Patentee or	Pages, Columns, Lines, Where Relevant
Initials"	No.1	Number-Kind Code ² (if known)	MM-DD-YYYY	Applicant of Cited Document	Passages or Relevant Figures Appear
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FOREIGN PATENT DOCUMENTS							
Examiner Initials*	Cite No.1	Foreign Patent Document Country Code ³ Number ⁴ Kind Code ⁵ (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁶	
/NT/		JP 2001-025026 A	01-26-2001	Olympus Optical Co., Ltd.		AB	
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Examiner Signature	/Nhan Tran/	Date Considered	10/17/2008

*EXAMINER: Initial irreterence considered, whether or not citation is in conformance with MEPF 1000. Date line in through distallor in not not common examination to applicable.

The property of this form with next communication to applicable. "Applicant's tupied custained resultant on marker (pointing)." See Kindt Copies of 11997 To Peter Doparing continues to the property of the

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or refain a benefit by the public which is to file (and by the USPTO process) an application. Confidentially if a governed by 35 U.S. C. 12 and 37 CFR 1.1.4. This collection is estimated to take 2 hours to complete, including statistic proparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time your require to complete this form and/or supgestions for reducing this between, should be sent to the Chef information Officer. U.S. Patient and Tradismant Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, Vignia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, Vignia 22313-1450.